



**Pediatric Clinical Swallowing Evaluation Template**

- Name: ID/Medical record number:
- Date of exam: Chronological age:
- Primary language of patient: Gestational age:
- Primary caregiver Corrected/adjusted age:
- Primary language of caregiver: Interpreter? Yes No
- Referred by: Family concerns:
- Reason for referral: Barriers to learning:
- Related medical diagnoses and dates of onset:

Medical Diagnosis	ICD-10	Date of Onset

- Other relevant medical/surgical history:

**Birth History**

Complications during pregnancy: \_\_\_\_\_

**Delivery:**

Vaginal C-section (Reason: \_\_\_\_\_) Single birth Multiple births:

Complications during delivery: \_\_\_\_\_

Term Preterm (weeks/days): NICU:

**Birth weight:**

APGAR SCORES: @ 1m: @5m: @10m:

**Other Birth History**

- Current diagnosis:
- Current medications:
- Allergies:
- Intubation history:
- Pain:
- Current respiratory status





- Auditory perceptual assessment of voice:
  - Phonation characteristics (including phonation duration, voice onset, etc.):
  - Vocal quality:
  - Vocal loudness:
  - Resonance:
- Respiratory sufficiency and coordination:
  - Overall respiratory function:  
WNL      Mildly impaired      Moderately impaired      Severely impaired
  - Respiratory pattern:  
Abdominal      Thoracic      Clavicular      Other
  - Coordination of respiration with phonation (breath-holding patterns, habitual use of residual air, length of breath groups)
  - Objective measures:
    - Maximal inspiratory/expiratory pressures
    - Peak cough strength
  - Additional comments: \_\_\_\_\_
- Sensory status:
  - Hearing status:
  - Vision status:
  - Testing of mechano-sensation of face and oral cavity
  - Testing of chemo-sensation (i.e., taste and smell)
  - Assessment of laryngeal sensations (dryness, tickling, burning, pain, etc.) and palpation, as indicated
- Results of recent instrumental assessments of swallowing:
- Swallow trials:
  - Baseline vitals:  
Heart rate \_\_\_\_\_ Respiratory rate: \_\_\_\_\_ O<sub>2</sub> sats: \_\_\_\_\_
  - Position during assessment:
  - Factors affecting performance:
 

None	Impairment in following directions
Impairment in task endurance	Other:
Impairment in mental status	
  - Saliva swallows:  
WNL Impaired Xerostomia Other:  
Pooling Hypoactive sensation
  - Liquid trials:  
Fed by: Self      Caregiver      Clinician  
Feeding skills appropriate for age?    Yes      No

**Liquid Trials**

	<b>Thin (Level 0)</b>	<b>Slightly Thick (Level 1)</b>	<b>Mildly Thick (Level 2)</b>	<b>Moderately Thick (Level 3)</b>	<b>Extremely Thick (Level 4) (Not typically recommended for children under 3)</b>
Administered by (Check all that apply.)	Open cup Cup with lid Bottle (nipple type: _____) Spoon Straw Self-fed Fed by examiner	Open cup Cup with lid Bottle (nipple type: _____) Spoon Straw Self-fed Fed by examiner	Open cup Cup with lid Bottle (nipple type: _____) Spoon Straw Self-fed Fed by examiner	Open cup Cup with lid Bottle (nipple type: _____) Spoon Straw Self-fed Fed by examiner	Open cup Cup with lid Bottle (nipple type: _____) Spoon Straw Self-fed Fed by examiner
Amounts / duration:	_____ ml in _____ mins	_____ ml in _____ mins	_____ ml in _____ mins	_____ ml in _____ mins	_____ ml in _____ mins
<b>Response:</b>					
Sucks / burst					
Fluid expression	Good Fair Poor	Good Fair Poor	Good Fair Poor	Good Fair Poor	Good Fair Poor
Jaw movement	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated
Tongue movement	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated
Anterior loss	Present Not Present	Present Not Present	Present Not Present	Present Not Present	Present Not Present
Volitional cough during trials?	yes/no	yes/no	yes/no	yes/no	yes/no
Volitional throat-clear during trials?	yes/no	yes/no	yes/no	yes/no	yes/no
Spontaneous cough during trials?	yes/no	yes/no	yes/no	yes/no	yes/no

Spontaneous throat-clear during trials?	yes/no	yes/no	yes/no	yes/no	yes/no
Swallowing duration (from introduction of bolus to completion of pharyngeal stage)	___ sec.	___ sec.	___ sec.	___ sec.	___ sec.
Therapeutic management strategies attempted and response (compensatory strategies, fatigue management strategies, environmental modifications, behavioral strategies, etc.)					

Comments: \_\_\_\_\_

**Solid Food Trials**

	<b>Regular (Level 7)</b>	<b>Easy to Chew (Level 7)</b>	<b>Soft and Bite-Sized (Level 6)</b>	<b>Minced and Moist (Level 5)</b>	<b>Pureed (Level 4)</b>	<b>Liquidised (Level 3)</b>
Administered by (Check all that apply.)	Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner
Amounts:						
Response:						
Jaw movement	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated	Coordinated

					Uncoordinated	Uncoordinated
Tongue Movement	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated	Coordinated Uncoordinated
Volitional cough?		yes/no	yes/no	yes/no	yes/no	yes/no
Volitional cough during trials?		yes/no	yes/no	yes/no	yes/no	yes/no
Volitional throat-clear during trials?		yes/no	yes/no	yes/no	yes/no	yes/no
Spontaneous cough during trials?		yes/no	yes/no	yes/no	yes/no	yes/no
Spontaneous throat-clear during trials?		___ sec.	___ sec.	___ sec.	___ sec.	___ sec.
Therapeutic management strategies attempted and response (compensatory strategies, fatigue management strategies, environmental modifications, behavioral strategies, etc.)						

Comments \_\_\_\_\_

- Post-assessment vitals

Heart rate: \_\_\_\_\_ Respiratory rate: \_\_\_\_\_ O<sub>2</sub> sats: \_\_\_\_\_

- Results of standardized tests of swallowing:
  
- Results of evaluation:
  - Dysphagia diagnosis:
  - Severity:
 

Mildly impaired	Mildly to moderately impaired	Moderately impaired
Moderately to severely impaired	Severely impaired	
  - Contributing factors to swallowing impairment:
 

<input type="checkbox"/> Reduced alertness or attention <input type="checkbox"/> Difficulty following directions <input type="checkbox"/> Reduced oral strength/coordination/sensation <input type="checkbox"/> Mastication inefficiency <input type="checkbox"/> Impaired oral-pharyngeal transport	<input type="checkbox"/> Impaired velopharyngeal closure/coordination <input type="checkbox"/> Delayed swallow initiation <input type="checkbox"/> Reduced laryngeal excursion <input type="checkbox"/> Other: _____
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- Prognosis:            Good            Fair            Poor, based on \_\_\_\_\_
- Impact on safety and functioning: (Check all that apply.)
  - No limitations
  - Risk for aspiration: \_\_\_\_\_
  - Risk for inadequate nutrition/hydration: \_\_\_\_\_
- Recommendations:
  - Instrumental assessment?
    - Yes—videofluoroscopic swallowing study
    - Yes—fiberoptic endoscopic evaluation of swallowing
    - No
  - Swallowing treatment?    Yes    No
  - Diet texture recommendations:
 

*Foods:*

Regular (Level 7)	☑ Easy to Chew (Level 7)	☑ Soft and Bite-Sized (Level 6)
☑ Minced and Moist (Level 5)	☑ Pureed (Level 4)	☑ Liquidised (Level 3)

*Liquids:*

Thin (Level 0)  
 Slightly Thick (Level 1)  
 Mildly Thick (Level 2)  
 Moderately Thick (Level 3)  
 Extremely Thick (Level 4) [Not typically recommended for children under 3]  
 NPO with alternative nutrition method: \_\_\_\_\_  
 Alternative nutrition method with pleasure feedings: \_\_\_\_\_  
 Other: \_\_\_\_\_



- Safety precautions/swallowing recommendations: (Check all that apply.)
  - Supervision needed for all meals
  - Requires 1:1 close supervision
  - Requires 1:1 distant supervision
  - To be fed only by trained staff/family
  - To be fed only by SLP
  - Needs to have reduced distractions when feeding
  - Needs verbal cues to use recommended strategies
  - Needs to remain in upright position at least 30 minutes after meals
  - Needs to take small sips and bites when eating
  - Needs consistent monitoring of flow rate
  - Equipment specifics: \_\_\_\_\_
  - Positioning
  - Pacing (e.g., co-regulated, external)
  - Needs to feed at a slow rate; needs to swallow between bites
  - No straw
  - Sips by straw only
  - Needs multiple swallows: \_\_\_\_\_
  - Needs to alternate liquids and solids
  - Needs sensory enhancement (e.g., flavor, texture, temperature): \_\_\_\_\_
  - Other: \_\_\_\_\_
  
- Other recommended referrals:
  - Occupational therapy
  - Dietetics
  - Gastroenterology
  - Neurology
  - Lactation specialist
  - Orofacial myologist
  - Otolaryngology
  - Pulmonology
  - Other: \_\_\_\_\_
  
- Patient/caregiver education
  - SLP described results of evaluation.
  - Patient/family/caregivers expressed understanding of evaluation and treatment plan.
  - Patient/family/caregivers expressed understanding of safety precautions and feeding recommendations.
  - Patient expressed understanding of evaluation but refused treatment.
  - Patient requires further education.
  - Family/caregivers require further education.